

STATE EMS ADVISORY BOARD MEETING
Embassy Suites Hotel, Richmond, Virginia
February 9, 2001 at 1:00 p.m.

Members Present:

Donald Barklage, Earl Carter, Scott Chandler, Chip Decker, Margaret Dolan, M.D., John Freeman, James Hurlock, Richard Johnson, George Langford, Joanne Lapetina, M.D., Elizabeth Martin, Stewart Martin, M.D., Genemarie McGee, David Palmer, Michael Player, Linda Sayles, John Snyder, Robert Stout, Kent Weber, Claude Webster, Jeffrey Young, M.D.

Members Absent:

Thomas Harvey, Allie Maddra, and Carl Wentzel, M.D.

Others Present:

Delegate Bobby Orrock, Pat Saunders – PEMS, Michael Berg – TJEMS, Sabina Braithwaite – UVA, Tina Skinner – REMSC, Wanda Legge – LFEMSC, Melinda Duncan – NVEMSC, Connie Purvis – BREMS, Rob Logan – WVEMS, Jim Chandler – TEMS, Jon Donnelly – ODEMSA, Petra Menzel – VA EMS for Children, J. David Barrick – Newport News Fire, and Bill Bullock – Fairfax County FRD

Staff Present:

Gary Brown, Scott Winston, Carol Gilbert, Warren Short, Kenny Updike, Bill Meadows, Ruth Robertson, Carol Morrow, David Cullen, Melissa Doak, and Irene Hamilton

CALL TO ORDER:

Dr. Lapetina called the meeting to order at 1:00 p.m.

APPROVAL OF THE MINUTES:

Dr. Lapetina brought forth a motion for approval of the minutes. The motion was properly seconded. The motion passed unanimously.

CHAIRMAN'S REPORT Joanne Lapetina, M.D.

At their last meeting the EMS Advisory Board was charged with reconvening the EMS Funding Task Force. The EMS Funding Task Force has met twice since the last EMS Advisory Board meeting to discuss what EMS would do with the \$1 million proposed in the State budget if they actually get the funds. The committee decided that the money would go entirely for training in an effort to get the money back out to the EMS community. The Task Force also discussed how the distribution would be administered and it was decided that the money would go into RSAF. The exact distribution of the money has not been decided at this point. The ideas include ALS/BLS class training, regional equipment caches, instructor reimbursement and quality assurance for all levels, including medical directors.

GUEST SPEAKER Delegate Bobby Orrock

Delegate Orrock represents half of Spotsylvania County and the City of Fredericksburg; and he has been in the legislature for 12 years. He is actively involved in EMS. He is an EMT with Ladysmith Rescue Squad and has been there for 28 years, and is a life member of the Virginia Tech Rescue Squad.

Delegate Orrock informed the members that the Three-for-Life bill is dead and explained why the bill was dead. Delegate Orrock explained that the problem EMS is facing is that the \$1 million dollars is in the house budget and the Governor's budget; but it is not in the Senate budget. Delegate Orrock told the Board members that the Senate members did not receive any communication from their constituents regarding the \$1 million in the budget and therefore they struck it from the budget. Delegate Orrock presented the Board with different scenarios that could take place in the Senate and/or House so that EMS would at least get a portion of the \$1 million; but he was not encouraged that any of that would happen.

Board members asked what a good strategy would be for EMS to take in coming years. Delegate Orrock reiterated that all politics is local. Establish a rapport with your representative. Delegate Orrock also encouraged the EMS community to have a united front.

STATE EMS MEDICAL DIRECTOR'S REPORT.....Carol Gilbert, M.D.

Dr. Gilbert said that Dr. Martin would deliver most of her report under the Medical Direction Committee's report. Dr. Gilbert attended a meeting of the other medical directors in Mid-Atlantic states (NJ, PA, MD, VA, WVA, DE, DC). They are in the process of working up a new Operational Directors / Medical Directors notebook. They will be contacting some people about that in order to find out what is important for new operational medical directors to know.

STATE EMS ADMINISTRATIVE REPORTS:

Gary Brown, Office of EMS Director-

Mr. Brown asked the Board members to review the legislative grid (Attachment A) of the Quarterly Report. He gave a brief overview on the status of all the bills listed on the grid.

Mr. Brown discussed the budget amendment regarding trauma registry which will impact EMS. This budget amendment says that the Department of Health should report on the status of its efforts to incorporate brain injury and spinal injury reports into the existing trauma registry. The Department status report should identify the actions taken thus far and any additional actions necessary in consolidating injury reports into the existing trauma registry. If requested, a specific timeframe for completing the integration of injury reports into the trauma registry and the mechanisms that will be established to allow the Department of Rehab Services to access injury reports from the trauma registry. The report shall be submitted to the Governor, the Chairman of the Senate Finance and House Appropriation committees, and Joint Commission on Health Care by November 1, 2001. Mr. Brown said that the Office of EMS is not opposed to this language.

Mr. Brown recognized two people; Jim Chandler, the “Outstanding EMS Administrator for 2000. Also, Scott Chandler, the “Governor’s Award for Excellence in EMS in 2000.” This is highest EMS award in the Commonwealth. Gary also announced that the Virginia Tech Rescue Squad was named “Outstanding EMS Agency in 2000.” Deborah Edwards from the Office of EMS received an award for her work and assistance with the Disaster Committee.

Gary Brown appealed to the Board to move the fourth meeting of the State EMS Advisory Board from being held at the annual Symposium to the following week in November. Gary asked that the last quarterly meeting of the EMS Advisory Board be held on November 16, 2001.

Mike Player made the following motion.

MOTION: The November 9, 2001 meeting of the State EMS Advisory Board be rescheduled to November 16, 2001 at the Embassy Suites Hotel in Richmond, Virginia.

The floor was opened for discussion. After discussion the vote was taken. The motion carried unanimously.

Scott Winston, Assistant Director, Office of EMS-

Mr. Winston gave an overview of a meeting that took place on January 5, 2001 with the Department of Medical Assistance Services (DMAS). Mr. Winston and Bill Downs from OEMS attended this meeting along with board member Genemarie McGee and former board member Mr. Russ Blow. The main purpose of the meeting was to re-establish a dialogue with DMAS and share our concerns about the brokerage of non-emergency transportation services. This concern was expressed during the November Advisory Board meeting in Norfolk. The outcome of that meeting was informative, helpful; but it illustrates the need for further communication and dialog with the Department as they proceed this solicitation for bid.

Mr. Winston asked Dave Cullen to give a brief overview about the process the Office of EMS will be utilizing to revise the Rules and Regulations. The Office of EMS is appealing the entire chapter 30 of the Virginia Administrative Code concerning Rules and Regulations governing Emergency Medical Services and requesting enactment of a new chapter, which is Chapter 31. Currently, they are in the process of receiving comment during the Notice of Intended Regulatory Action Review Period. That will end the 16th of February.

Mr. Cullen explained that they have to follow the Administrative Process Act and Executive Order 24, that tells how to promulgate regulations under the Governor. The Office of EMS has received a mandate from the Commissioner of Health that by June 1 OEMS has to give them a product. The Commissioner and the Commissioner’s staff will review that product; and hopefully it will go to the Board of Health once they finish their review.

Currently, the Office of EMS is accepting public comment on the current regulations, what people would like to see revised, what people would like to see deleted. The public comment

period ends on February 16. They are making daily changes based on the public comments they are receiving. Next week, February 13,14, and 15, the Office of EMS is bringing in the Program Representatives. The intent of the meeting is that the Program Representatives will review the Rules and Regulations to determine which regulations can realistically be enforced. Following this meeting, hopefully by February 20, Version 1 will be posted on the OEMS web site. Version 1 will be downloadable from the web site. From that date through March 23, the EMS Advisory Board members are asked to review the regulations and submit comments to the Office of EMS. If they don't receive comments on certain sections, they will assume that they are okay.

OEMS staff will meet to discuss and review sections commented on; and to develop alternatives. These will be presented to the State EMS Advisory Board at a call meeting on March 30. On March 30, the State EMS Advisory Board will get a Version 2, and it will be clearly marked. The intent is that when Version 1 goes out it will have as of the following date, throw this away and get Version 2.

The week of April 2, Version 2 will be published and distributed to the Advisory Board for further review. That will encompass the changes, and what it will have on it, because it will already have been met on and discussed.

During the month of April, the Office of EMS will hold a series of public forums across the state. The tentative dates are: April 4 in Abingdon; April 5 in Roanoke; April 11 in Prince William County. Prince William County will be a daytime session. April 11 in Fredericksburg, will be a nighttime session. April 18 in South Boston; and another daytime session on April 20 in Norfolk. There was a request yesterday for an additional hearing forum. They haven't discussed that yet, but there may be another session added.

No later than April 23, the internal work group at the office will review all the public comment received at these hearings. They will develop alternatives, as applicable, and then give it back to the EMS State Advisory Board to review it again.

Copies will not be distributed to everyone. It will be posted on the web site and people desiring a copy can contact the Office of EMS.

On May 11, the State EMS Advisory Board will review the public comment, and hopefully, vote to approve Version 3. June 1 is when the entire regulatory package is due to Doug Harris, the Regulatory Manager for the Health Department.

There is going to be a public comment session for the Board of Health. It will probably be held in Richmond.

The target date for implementation of the new Rules and Regulations is January 1, 2002.

The Board discussed how board members should handle comments they receive from their constituents. Mr. Cullen said that there is a comment form on the OEMS web page and he

suggested using that form for comments. Mr. Cullen asked that when making comments be sure to specifically identify what you are commenting on.

OEMS staff was asked for an index of changes that would be helpful to the board members when presenting the rules and regulations to their constituent groups. Dave said that it is not currently in a format that would assist the board members. They will have to do it as part of the regulatory process. It will probably not be done by Version 1.

COMMUNICATIONS COMMITTEE.....Scott Chandler

No action items. The committee has not had a formal meeting. At the previous Advisory Board meeting they discussed some concerns they had with the mutual aid frequency plan for VHF initiative; and indicated that the Committee had agreed to a joint meeting with the Chairs of Communications, Medevac, Emergency Management committees and the Office of EMS staff. They met in early December, and agreed to put forward the high band initiative as proposed regulations. Under that, they would propose that the VHF frequency 155 – 205 would be required in all EMS vehicles and those transport vehicles would also carry the other three VHF frequencies. So unless they receive comments opposed to that change then that is their plan.

CISM COMMITTEELinda Sayles

They have no action items; just informational items. They now have five Virginia CISM instructors who have completed the process to become International Critical Incident Stress Foundation (ICISF) instructor certified. CISM now has its own icon and information page on the OEMS web site. The annual training meeting is May 9-12. A copy of the brochure is included in the quarterly report. Lifecare Medical Transport sponsored the brochure printing. Carol Morrow and Gary Brown will be speaking in Baltimore mid-April to the ICISF convention.

DISASTER RESPONSE COMMITTEE.....Mike Player

The committee has one action item and several informational items.

MOTION:

In order to more accurately reflect the broad role served by the Office of EMS as the coordination leader for ESF-8 (Emergency Support Function 8, Health and Medical) within the Virginia Department of Health, and the related duties of the Disaster Response Committee to make recommendations to the State EMS Advisory Board on such matters, the Disaster Response Committee moves to change its name to the EMS Emergency Management Committee.

The motion was properly seconded and the floor was opened for discussion. Hearing no discussion, the vote was taken. The motion carried unanimously.

The question was asked if it was a bylaw change. If so, it will need to be ratified at the next meeting.

The committee is developing written guidelines and recommendations for the Triage Tuesday. They are also planning to recommend language in the new proposed rules and regulations, specifically to allow the use of the State Triage Tag in lieu of PPCR's during declared mass casualty incidents. Thus the triage tag would suffice as the official record for patient care in a mass casualty incident. This would be coordinated with the Hospital Association to assure that they would recognize that this would be the official pre-hospital record and that they would be preserved as such within their hospital record system.

The committee is currently reviewing and updating the Mass Casualty Incident Module I and II with a grant from NHTSA. The committee is taking this opportunity in preparation of going out for a second purchase of triage tags, to make some needed changes to the triage tag. In the future, training tags will be black and white, and there will be a stamp on it that says training tag.

The next meeting is March 21, 10 a.m. in the Office of EMS.

There was some discussion about what patient care information is on the triage tag. Some board members were concerned with having the triage tag replace the PPCR in mass casualty incidents and the possibility that the triage tags would not be completely filled out.

Mr. Player said that he thinks that the committee would be willing to accept any language that the Board feels is adequate on the triage tags.

EMERGENCY MEDICAL SERVICES FOR CHILDREN Margaret A. Dolan, M.D.

No action items. They have 10 information items. The committee has met twice since the last Advisory Board meeting; they met the week after the Symposium and they also met on February 8. The EMS for Children program is in its second year of implementation, which is its last year of implementation. EMSC has just received word that they have been funded for partnership; but partnership in terms of federal funding is a little less than half of funds received for the last two years. Consequently, EMSC is looking for grants and other revenue sources. They have got some money from DMV for data. They just got funded from Rescue Squad Assistance Fund for PEPP Train the Trainer courses.

One area of focus is school health, and they are in the process of completing the school health emergency preparedness survey, which is a look at the extent to which the school system is connected to the EMS system in terms of policy and in terms of practices. EMSC plans to finish the survey and post it on their web site in June. Similarly they have a survey of child care centers emergency preparedness and emergency policies that is being completed and that will be posted on a web site and be a web-based survey that will be done nationally. Those results should be available in early summer.

The Department of Social Services has grant money and is doing an injury prevention program involving childcare centers. They need EMS people to teach , and they are going to pay about \$200 per person. EMSC plans to send this information to VAVRS and get it into the EMS Bulletin.

The trauma morbidity and mortality report should be updated and available on the EMSC web site in June. For the last two years, EMSC has been able to give the regions each \$5,000 for their training; and they have been able to carry over any unused funds. With implementation ending, they can't carry over any money so any funds that are there for training need to be spent by August 31 for training, mannequins, courses, etc.

EMSC received money from Rescue Squad Assistance Fund and they are putting six Train the Trainer courses in PEPP. Symposium is going to have one ALS trainer, one BLS trainer course. And then the other four courses are going to be sponsored by regional councils. Their number one strategic plan item is training. They wanted to find out what the OMD's assessment of training needs for the squads are. They surveyed the physicians at the last medical direction committee. Unfortunately, they only got two responses. They are going to try and get some more information from the OMDs.

Safe Kids just released some information where they gave each state a grade on childhood injury prevention. There was one B that went to Florida. Virginia got a D. They have a lot of room to grow. In this year of implementation, they funded nine injury prevention mini grants at \$1,000 around the state. The ones that they got were very good and they were pleased to fund them.

The question was asked about the grading for Safe Kids. Was that based on the initiatives or based on statistical injury data. Petra Menzel said it is in regards to Virginia's legislation on child passenger safety; and as you all know last year there was the bill passed that children not be in the back of the pick up. One of the biggest strikes against Virginia is that rear cargo areas in station wagons were neglected. And also booster seats for children up to 80 pounds, they don't have any legislation for that other than normal safety belt which put them at a higher rate for injury. It was strictly looking at Virginia legislation.

EVALUATION COMMITTEE.....Dave Cullen

Mr. Cullen gave the Board members an update on the PPCR – compliance is about at least where they realistically expected it to be at this time for submission of data. Some of their major players have received variances that will go until approximately June. Most of them have major changes to implement in their data collection systems. The major areas of concern have been identified. The Office of EMS has received many comments from agencies. They have reviewed and discussed each one; and they have made several changes. They are continuing to make changes. The forms themselves have been revised. Currently, there is a RFP out for the PPCR and they will do one for the PPDR also. OEMS hopes that most agencies will be moving to electronic submission in the near future, however, the PPDR form will be available for in case it is needed. The Office of EMS received permission for a

two-year contract. In the future, OEMS will be shipping the PPCRs out instead of the vendor. Currently, they are using Version 1.4 of the software. The intention within the next month is to release Version 1.5; and OEMS will come up with a 2.0 Version when the new forms are here.

The committee is working with VAGEMSA, who represents over 160 fire and EMS localities, to allow them to figure out a way to meet our requirements in submission of data.

FINANCIAL ASSISTANCE REVIEW COMMITTEEEd Snyder

The committee has no action items; just some information items. The Financial Assistance Review Committee met informally on February 8. They did not have a quorum due to some sicknesses and scheduling conflicts. Two informational items can be found on page 15 in the Quarterly Report. The automated consolidated grants application program as well as the application form is available on the state web site. They encourage all agencies that have electronic capabilities to use that. Last cycle, they had a 30 percent reduction in paperwork.

A citation was issued to a rescue squad in Virginia for failure to follow the rules and regulations governing financial assistance. Basically, the agency made a purchase prior to the award and they got cited for it.

The next meeting of the committee will be on May 10 at 9 a.m. in Virginia Beach. The grant award meeting will be on June 8 in Marion, Virginia.

HUMAN RESOURCES AND TRAINING COMMITTEE..... Joanne Lapetina, M.D.

The committee had no action items; but several informational items. The EMS Symposium Committee is developing curricula for the symposium in November. The Pilots for the new ALS curricula are in progress. Thus far, the committee has not received either comments or complaints. The curricula was developed by the people who are currently implementing them. There should be a smooth transition from Shock Trauma to Enhanced, and from Cardiac to Intermediate.

MEDEVAC..... Genemarie McGee

The committee had no action items, and several informational items. The committee met on November 7 in the EMS office. Med-Flight III hopes to be up and operational by September 1. MCV is opening a helipad on top of the hospital system. It has been somewhat delayed due to some fire marshal issues; but they have agreed to make changes and should be opening within the next several weeks. Also, Farmville Hospital has opened their helipad; however, the helipad was put in a place not agreeable to some of the pilots. The pilots have worked very hard with Farmville Hospital, but they are still currently using their old pad. Farmville Hospital is working very hard to change how they can approach out of that helipad. It is down in a hole with many trees and obstructions around it but they are working to change that. The committee is also working on a document for provision of air medevac

services in Virginia in response to JLARC so that JLARC will have a clearer understanding of how we provide Medevac services.

The Medevac Committee will do two educational sessions at the Symposium; one on *Helicopter Use and Special Operations*, which a U.S. Park Police from D.C. has agreed to do. The other course is *Transportation: Air vs Ground* which Dr. Gilbert is going to moderate for our medical directors.

The committee has spent some time on regulations defining further what is an air medical specialist and defining what the training is that goes into that for the regulations.

MCV is in talks with a vendor, Rocky Mountain Helicopters. It is not clear what they are doing with them. There is some talk that Rocky Mountain would be providing service, and there is some concern that this vendor wants exclusive rights to transport in that area. The vendor is advertising for pilots in that area; and there's been no application at the state office thus far.

Their next meeting is May 2.

MEDICAL DIRECTION Stewart Martin, M.D.

No action items. Several informational items. The committee met on January 23. They discussed the Rules and Regulations again which are now put forward for public comment after extensive review from the OMD committee. They also received a report on the new curriculum which seems to be progressing well and there is now a group that has been put together to do a Medical Directors training course that will be piloted at the Symposium. This is separate from the notebook that is going to be available. This is a training course that has been designated in the new Rules and Regulations. It will follow closely the NAEMSP model with sections pulled out to be appropriate for Virginia. There was also considerable discussion about the new American Heart Association guidelines; in particular their recommendations for 12 Lead EKG. The Medical Direction Committee will be coming out with a policy statement essentially stating that these recommendations are just that - recommendations. They are not requirements and an area or medical director shouldn't feel compelled to start using 12 Lead just because the American Heart Association may be recommending or endorsing something.

PUBLIC INFORMATION AND EDUCATION COMMITTEE Ruth Robertson

The Committee met in January. They welcomed two new members, Jim Mederious who volunteers with Stephens City Volunteer Fire and Rescue and is a member of the Lord Fairfax EMS Council CISM Team, and Wayne Covil who lives in Petersburg and is a reporter for Channel 6 in Richmond.

The committee is continuing to work on a Success video, stories that they have done in the past on successful, local programs, such as Recruitment and Retention. They have produced two new PowerPoint presentations; one was shown at the Symposium on Durable DNR; and the other What Nursing Homes Should Expect When EMS Arrives. Both of these will be available to EMS agencies through the OEMS web page.

REGULATION AND POLICY..... Claude Webster

They have one action item, and one brief comment. The committee has not officially met since the last meeting. They have had correspondence among many of their members through the Internet. Mr. Webster encouraged the Board members if constituents approach them from their region regarding the changes of the Regulations, to immediately refer the individuals to the State office; either by written comment or by email comment. Mr. Webster asked that Board members refer any comments they get to Dave Cullen or others in the Office of EMS.

MOTION:

That the State EMS Advisory Board have a special call meeting on March 30, 2001, at a time that is logistically suitable for all the members to attend to review at least the second version of Rules and Regulations and make comments.

The motion was properly seconded. The floor was opened for discussion. Hearing none, the vote was taken. The motion carried unanimously.

TRANSPORTATION COMMITTEE George Langford

Some agencies are concerned that the State Ambulance Contract does not provide for a cot with the ambulance; or if it is you have to pay an exorbitant fee for the cot. That is not the case. They are entitled to an A34 cot. There would be a difference if they wanted a better cot, however.

They have several openings on the Transportation Committee if anyone would like to join the committee. They are looking for some people from different regions throughout the state. If you are interested please contact George Langford or the Office of EMS.

The next meeting will be March 16 at 9 a.m. at the Office of EMS.

TRAUMA SYSTEM OVERSIGHT & MANAGEMENTJeffrey Young, M.D.

The changes to the Designation Manual (the Resource Manual) that they use when evaluating trauma centers and proposed trauma centers is included under Attachment G in the Quarterly Report. The entire Designation Manual is available for anyone who would want one. The

purpose of changing this periodically is that the manual is based on American College of Surgeons document; and as that document is revised the committee likes to view their changes and make necessary changes, that the committee desires, to the state's manual.

MOTION:

Proposed changes to the Designation manual be accepted.

The motion was seconded by Dr. Martin. The floor was opened for discussion.

Hearing none, the vote was taken. The motion carried unanimously.

REGIONAL COUNCIL EXECUTIVE DIRECTORSJim Chandler

Jim Chandler gave the new Board members a brief overview of the regional councils and their function. Two new directors were introduced, Mike Berg, the new director representing the Thomas Jefferson EMS Council; and Pat Saunders, the new director representing the Peninsulas EMS Council.

The Regional Directors met on February 8. Training issues were discussed with Bill Meadows from the Office of EMS. They focused on the implementation of the new pilot programs, the bridge courses and the new curricula. They discussed issues of internship, preceptorship. The committee discussed issues of various standards as related to the new programs. They talked about distance learning, EMS Symposium topics and format. They also talked about the upcoming switch in the continuing education requirements on the Virginia standard to the National Registry standard.

One item of concern that did arise at the meeting, there is a concern that within the new EMT Intermediate curriculum, that there will be some inconsistencies among providers. Some providers will be required to test at the new intermediate level and others will not. So there is concern out there that there will be some inconsistency at that level.

They discussed the ambulance diversion. Jon Donnelly will be giving more information on that topic later.

They established that the Regional Directors every time they meet would have a development topic of some sort for development of the directors educationally.

They were asked by OEMS to locate sites for the public forums for the Rules and Regulations discussions in April; and if anyone has ideas on potential locations for those forums, at the locations that Dave Cullen discussed earlier, the Regional Directors would appreciate that information.

A major portion of the meeting was concerned with a discussion of Regional Council accreditation. They have been discussing this process since 1990 when the code changed to

require Rules and Regulations governing EMS councils. This issue is now a top priority and they have received new draft manuals for regional council designation and have been asked to look at those drafts for comments. The Advisory Board will probably get that manual at their next meeting in May.

The Regional Councils are concerned that providers are not prepared to deal with children's emergencies. The Councils realize that providers don't have enough contact with pediatric emergency situations, and possible remedies were discussed. One possible solution would be to set up an environment through pediatrician offices where providers, not just during training, but on a continuing basis, could go and do assessments and handle pediatric patients to help build a comfort level for the providers. This is something that EMSC will be pursuing. It will take a joint effort with the Academy of Pediatrics, pediatricians; as well as a joint effort with training to work out CEUs and so forth. But it is one possible exciting thing that could be coming in the future.

PUBLIC COMMENT

None

OLD BUSINESS

None

NEW BUSINESS

Hospital Diversion..... Jon Donnelly

Recently, there was a large problem with hospital diversion in Central Virginia that received a lot of media coverage. The Richmond Academy of Medicine sent a letter to the Office of EMS on November 17 saying that they were concerned that patients were being diverted to hospitals; and the diversion seemed unorganized. At the time, ODEMSA region did not have a plan in which encompasses Planning Districts 13, 14, 15, and 19. On the 9th of January the crisis came to a head and they were forced into action when out of the 12 critical care hospitals in this region, six were on diversion, and the others were either very close to being on diversion or being hammered by patients coming in that were coming from hospitals that had been diverting patients.

A meeting was called the following week of the interested stakeholders, which included local government, critical care hospital administrators, EMS agencies, fire and rescue agencies, the local health department, state health, and the Office of EMS, and emergency physicians and nurses. They were fortunate in having one of the CEOs of HCA Hospitals, Margaret Lewis, who acted in affect, took over the Task Force work as Chair. So less than 30 days from that meeting date, they have had a regional policy that was just distributed to the EMS Advisory Board. Dr. Jim McCrory, from the HCA Hospital in Hopewell, had experience in the Tidewater area, was a part of this group. The Tidewater policy is what they used as the basis for their starting point.

The real key is enhanced communications. They found out that they had no communications virtually among the hospitals; so they had 12 hospitals operating almost independently of each other. There was a sporadic ability of the hospitals to communicate with the EMS agencies. They now have a central point; the Richmond Ambulance Authority. The policy has an automatic trip wire to notify the Health Department when there is an unusual number of hospitals on diversion. The stakeholders were given to 12 noon on February 9 to comment. The new policy is adopted and will be implemented on Monday, February 12, 2001.

Liz Martin, board member, recommended that the plan should consider the facilities who are not in the Richmond area but who utilize the Richmond facilities as referral centers in the communication plan. Mr. Donnelly agreed with that idea and said they would include that in the plan.

Dr. Lapetina said that she asked to put this on the agenda for two reasons. (1) Because the Richmond Academy of Medicine said to her that the EMS Advisory Board needs to look at hospital diversion policies, both at the local and statewide level. And for that reason alone, Dr. Lapetina is bringing it before the Advisory Board. (2) Dr. Lapetina wants different regions to think about what they are doing regarding diversion policies.

Dr. Young was concerned because the plan states that the Level 1's should never divert. Dr. Young would like to make a motion that would say that the Board recommends that Level 1's should never go on divert for major multiple trauma, acute multiple trauma, or acute critical trauma from the scene or directly from another.

Dr. Young made the following motion and it was properly seconded by Dr. Martin.

MOTION: The State EMS Advisory Board recommends that Level One Trauma Centers should never go on divert for major multiple trauma, acute multiple trauma, or acute critical trauma from the scene or directly from another ER.

The floor was opened for discussion. Following discussion, Dr. Young agreed to amend the motion:

AMENDED MOTION:

The State EMS Advisory Board recommends that State designated Level One Trauma Centers cannot go on divert for major trauma patients transported from the scene, unless there is another closest appropriate hospital to transport to.

The vote was taken and the motion carried unanimously.

Accidents at ScenesMike Player

Mr. Player informed the Board that there has been three incidents in York County in the last year where they have had individuals utilizing all the standard marking systems of emergency vehicles, working on scenes, and those vehicles have been struck by a motorist. Throughout the country, there has been a number of firefighters and emergency medical providers who have been struck and killed in the same manner. It is Mr. Player's understanding that there are several initiatives out there nationally to look at other criteria, standards for emergency scene marking and operations on scenes. Mr. Player asked if the Transportation Committee or some other group within our EMS system might research activities or proposals to protect the providers in Virginia. George Langford agreed that the Transportation Committee would look into that problem.

ADJOURNMENT

Being no more business, the meeting was adjourned at 4 p.m.

The next meeting of the State EMS Advisory Board will be a special call meeting on March 30, 2001, in Richmond, Virginia at 10 a.m.

Respectfully submitted,

Irene M. Hamilton